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SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

CASE MANAGEMENT SERVICES

A. Target Group: Infants and Toddlers with Developmental Disabilities

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services: See Attached.

E. Qualification of Providers: See Attached.

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DATE APP'D <u>SEP 29 1992</u>	
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Case Management Services  
Infants and Toddlers with Developmental DisabilitiesTarget Population

The target population consists of infants and toddlers with developmental disabilities who are Medicaid - enrolled. These children must meet the criteria for developmental disabilities set forth in the Developmental Disabilities Act of 1984 (Public Law 98-527) and amended by the Developmental Disabilities Assistance and Bill of Rights Act of 1990 (Public Law 101-496). The target population does not include children receiving case management services through any other targeted case management programs for children.

D. Definition of Services

Case management services are provided to assist eligible individuals in gaining access to needed medical, social, educational, developmental, and other appropriate services. The case management service is provided to assist targeted Medicaid clients in gaining access to these other services, and not to deliver the services. Case management services may be delivered either face-to-face or by telephone, for the purpose of enabling the client to obtain services as specified above.

Case management services include:

Initial Intake: Initial contact with the family of the Medicaid client to assist an individual in gaining access to the evaluation and assessment process. The intake may be done by telephone, through face-to-face contact with the client, or by referral from another professional.

Comprehensive Needs Assessment: The written comprehensive needs assessment is developed by the case manager in a face-to-face conference with the Medicaid client's family. The documentation lists medical, social, nutritional, educational, developmental, and other appropriate needs of the Medicaid client.

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Plan of Care: A written plan of care is developed to address the specific needs of the client as identified in the comprehensive evaluation and assessment. The plan of care summarizes assessment results, includes the services necessary to enhance the development of the child and the capacity of the family to meet the child's unique needs, and must be coordinated with other service providers involved in delivery of services to the child and family.

Service Implementation: The actual delivery of services to meet the client's needs. The case manager assists the family in taking responsibility for ensuring that services are performed, and works with medical providers, ECI staff, and other community resources to coordinate care.

Monitoring: The case manager will monitor to determine:

1. what services have been delivered;
2. whether the services were delivered as scheduled; and
3. whether the services address the clients needs.

Monitoring will be conducted on a periodic basis. The case manager documents each monitoring activity (face-to-face or telephone) in the clients's case folder.

Reassessment: A formal reassessment of the client's progress and needs conducted at least every six months. The case manager documents the reassessment in the client's case folder. At reassessment the case manager will determine if modifications to the service plan are necessary and if the level of involvement by the case manager should be adjusted.

## Service Limitations

Case management services are not reimbursable as Medicaid services when another payor is liable for payment or if case management services are associated with the proper and efficient administration of the state plan. Case management services associated with the following are not payable as optional targeted case management services under Medicaid:

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Infants and Toddlers with Developmental Disabilities

1. Medicaid eligibility determinations and redeterminations;
2. Medicaid eligibility intake processing;
3. Medicaid preadmission screening;
4. Prior authorization for Medicaid services;
5. Required Medicaid utilization review;
6. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program administration;
7. Medicaid "lock-in" provided for under the Social Security Act, section 1915(a);
8. Services that are an integral or inseparable part of another Medicaid service;
9. Outreach activities that are designed to locate individuals who are potential Medicaid eligibles; and
10. Any medical evaluation, examination, or treatment billable as a distinct Medicaid-covered benefit. However, referral arrangements and staff consultation for such services are reimbursable as case management services;

## E. Qualifications of Providers

ECI has implemented policies and procedures to ensure that case management services are:

1. available on a statewide basis with procedures to ensure continuity of services without duplication;
2. provided by case managers who meet the educational and work experience requirements commensurate with their job responsibilities as specified by the most current and updated Texas Early Childhood Intervention Staff Qualification Policies (ECI Policy III.8) and who have also completed, or are

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in the process of completing, the ECI case management curriculum.

3. delivered through a system with written policies and procedures that ensures an individual case manager is responsible for the overall coordination of services for the Medicaid eligible participant;
4. made available to all eligible children;
5. in compliance with ECI Fiscal Policies for annual financial and compliance audits.

## Case Management Agency Conditions for Participation:

The Case Management Agency must meet the following criteria established by the Department to become a provider of case management services to developmentally disabled infants and toddlers;

1. Must meet applicable State and Federal laws governing the participation of providers in the Medicaid program;
2. Must sign a provider agreement with the single state agency; and
3. Must meet the case management provider criteria and be approved by the Texas Early Childhood Intervention Program, the State program for infants and toddlers with developmental disabilities.

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State/Territory: Texas

CASE MANAGEMENT SERVICES

A. Target Group:

See Attached

B. Areas of State in which services will be provided:

XX Entire State.

— Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

— Services are provided in accordance with section 1902(a)(10)(B) of the Act.

XX Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See Attached

E. Qualification of Providers:

See Attached

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**MEDICAID STATE PLAN AMENDMENT  
TARGETED CASE MANAGEMENT FOR INDIVIDUALS RECEIVING SERVICES  
FROM THE DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES**

A. Target Groups:

- 1) Medicaid recipients aged 0-20 who have been placed in foster care by the Department of Protective and Regulatory Services in accordance with the provisions of Subchapter C of Chapter 700 of the Texas Administrative Code;
- 2) Medicaid recipients aged 0-20 who are receiving in-home services from the Department of Protective and Regulatory Services as the result of having been found to be in a state of or at risk of abuse or neglect in accordance with the provisions of Subchapter C of Chapter 700 of the Texas Administrative Code;
- 3) Medicaid recipients aged 0-20 who are receiving adoption assistance and services from the Department of Protective and Regulatory Services pursuant to Subchapter C of Chapter 700 of the Texas Administrative Code;
- 4) Elderly and disabled Medicaid recipients who are receiving protective services from the Department of Protective and Regulatory services as the result of being determined to be in a state of abuse, exploitation or neglect in accordance with provisions of Subchapters A-E of Chapter 48 of the Texas Administrative code. For the purpose of this definition, an elderly person means a person 65 year of age or older; a disabled person means a person with a mental, physical, or developmental disability who is (A) 18 years of age or older; or (B) under 18 years of age and who has had the disabilities of minority removed in accordance with the legal process outlined in Chapter 31 of the Texas Family Code.

D. Definition of Services

Case management services are activities that assist the target population in gaining access to needed medical, social, educational and other services. These services include services covered under the Texas Medicaid State Plan as well as those services not provided under the Texas Medicaid State Plan.

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Case management activities include:

1. Assessment

The case manager performs activities related to client requests for services and community referrals requesting assessment of client needs for services. At screening, the case manager makes the initial determination of need for service or care.

After the need for services or care has been determined, the case manager identifies the recipient's specific medical, social, educational and other needs through contact with the recipient and consultation with other professionals, the recipient's caregiver(s) and other parties.

2. Case Planning

At the completion of the assessment, a case plan is developed which identifies the care, services and resources required to meet the client's needs and how they might be most appropriately delivered. The case plan is developed through a collaborative process involving the client, the caregiver and other parties as appropriate.

3. Service Coordination and Monitoring

Through linkage, coordination, facilitation, and advocacy, the case manager ensures the recipient's access to the care, services and resources identified in the case plan. This is accomplished by personal and telephone contacts as well as meetings with the recipient, his/her family or caregiver, service providers and other interested parties to assure that services are being delivered and used as agreed to in the case plan.

4. Case Plan Reassessment

The case manager will determine whether or not medical, social, educational or other services continue to be adequate to meet the goals identified in the case plan. Reassessment decisions include those to continue, change or terminate services. Activities may include assisting recipients to access different medical, social, educational or other needed care and services beyond those already identified and provided. Reassessment activities include, but are not limited to, case staffing and personal and telephone contacts with involved parties.

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As part of the reassessment of the case plan, the case manager will determine whether or not the case plan should remain open or be closed. If the case is to be closed, the case manager may engage in activities prior to termination which assist the client in gaining access to needed follow-up care and services.

To the extent any eligible recipients in the identified target population are receiving Targeted Case Management services from another provider agency as a result of being members of other covered target groups, the provider agency will ensure that case management activities are coordinated to avoid unnecessary duplication of service and the State assures that it will not seek Federal matching for case management services that are duplicative.

E. Qualifications of Providers

1. General Qualifications

Medicaid targeted case management services will be made available to all eligible recipients and must be delivered by provider agencies on a statewide basis with procedures that ensure 24 hour availability, the protection and safety of recipients, continuity of service without duplication and compliance with federal and state mandates and regulations related to serving the population are met in a uniform and consistent manner.

2. Qualifications of the Provider Agency

Case management provider agencies must be certified by the single state agency or its designee as meeting the following criteria:

- a. A minimum of five years' experience in providing all core elements of case management services including:
  - i. Comprehensive client assessment
  - ii. Comprehensive care/service plan development
  - iii. Linking/coordination of services
  - iv. Monitoring and follow-up of services
  - v. Reassessment of the client's status and needs.
- b. A minimum of five years' experience in providing case management services that coordinate and link the community resources required by the target population, as defined in Section 3.1.A.(A)(1-4)(Target Groups)

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- c. A minimum of five years' experience meeting the case management and service needs of the target population, as defined in Section 3.1.A.(A)(1-4)(Target Groups).
  - d. An administrative capacity to insure quality of services in accordance with state and federal requirements.
  - e. A financial management capacity and system that provides documentation of services and costs.
  - f. A capacity to document and maintain individual case records in accordance with state and federal requirements.
  - g. Demonstrated ability to meet all state and federal laws governing the participation of providers in the state Medicaid program, including but not limited to the ability to meet federal and state requirements for documentation, billing and audits.
  - h. Evidence of a signed provider agreement with the single state Medicaid agency or its designee.
3. Qualifications of Individual Case Managers Employed by the Provider Agency

Case management services shall be:

- a. provided to recipients aged 0-20 receiving foster care, in-home services or adoption assistance or services from the Department of Protective and Regulatory Services by case managers employed by the provider agency who at a minimum meet the education and work experience requirements established by the Department of Protective and Regulatory Services for the job class of Child Protective Services Specialist I. These case managers must have:

at a minimum, a bachelor's degree from an accredited college or university; and

the knowledge, skills and abilities to perform their work, as determined by the Department of Protective and Regulatory Services.

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